

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

I. General Information:

- (A) Facility Name: Caterpillar Tractor Co Inc
- (B) Street: 2700 McDonough Street
- (C) City: Joliet (D) State: IL (E) Zip Code: 604
- (F) Phone: 815/729-5632 (G) County: Will
- (H) Operator: same as (A)
- (I) Street: 100 NE Adams
- (J) City: Peoria (K) State: IL (L) Zip Code: 61629
- (M) Phone: 309/675-1000 (N) County: Tazewell
- (O) Owner: same as (H)
- (P) Street: _____
- (Q) City: _____ (R) State: _____ (S) Zip Code: _____
- (T) Phone: _____ (U) County: _____
- (V) Date of Inspection: 3/30/83 (W) Time of Inspection (From) 3⁰⁰ P (To) 3³⁰
- (X) Weather Conditions: ~ 50°, overcast

EPA Region 5 Records Ctr.



300741

Rev. 3-6-81/J.B.

(Y)	Person(s) Interviewed	Title	Telephone
	<u>Greg Wernert</u>	<u>environmental coordinator</u>	<u>815/729-5319</u>
	<u>Kathy Corbin</u>	<u>assistant buyer</u>	<u>815/729-5731</u>
(Z)	Inspection Participants	Agency/Title	Telephone
	<u>Rick Peterson</u>	<u>EPA/EPS II</u>	<u>312/345-9780</u>
(AA)	Preparer Information		
	Name	Agency/Title	Telephone
	<u>Same</u>		

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

- | | |
|---|--|
| <p><input checked="" type="checkbox"/> A. Storage and/or Treatment</p> <ol style="list-style-type: none"> 1. <u>Containers (I)</u> 2. Tanks (J) 3. Surface Impoundments (K) 4. Waste Piles (L) <p><input type="checkbox"/> B. Land Treatment (M)</p> <p><input type="checkbox"/> C. Landfills (N)</p> | <p><input type="checkbox"/> D. Incineration and/or Thermal Treatment (O and P)</p> <p><input type="checkbox"/> E. Chemical, Physical, and Biological Treatment (Q)</p> |
|---|--|

Omit pg 11-18, 21-22

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

Yes No NI* Remark

(A) Has the Regional Administrator been notified regarding:

1. Receipt of hazardous waste from a foreign source? ☒ Yes ☐ No ☐ NI* 2. Facility expansion? ☐ Yes ☒ No ☐ NI*

(B) General Waste Analysis:

1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste? ☒ Yes ☐ No ☐ NI* 2. Does the owner or operator have a detailed waste analysis plan on file at the facility? ☒ Yes ☐ No ☐ NI* 3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site? ☒ Yes ☐ No ☐ NI*

(C) Security - Do security measures include: (if applicable)

1. 24-Hour surveillance? ☒ Yes ☐ No ☐ NI* 2. Artificial or natural barrier around facility? ☒ Yes ☐ No ☐ NI* 3. Controlled entry? ☒ Yes ☐ No ☐ NI* 4. Danger sign(s) at entrance? ☐ Yes ☐ No ☒ NI*

fence around property

(D) Do Owner or Operator Inspections Include:

1. Records of malfunctions? ☒ Yes ☐ No ☐ NI* 2. Records of operator error? ☒ Yes ☐ No ☐ NI* 3. Records of discharges? ☒ Yes ☐ No ☐ NI*

*Not Inspected

	Yes	No	NI*	Remarks
4.. Inspection schedule?	✓	---	---	-----
5. Safety, emergency equipment?	✓	---	---	-----
6. Security devices?	✓	---	---	-----
7. Operating and structural devices?	✓	---	---	-----
8. Inspection log?	✓	---	---	-----
(E) Do personnel training records include: (Effective 5/19/81)				
1. Job titles?	✓	---	---	-----
2. Job descriptions?	✓	---	---	-----
3. Description of training?	✓	---	---	-----
4. Records of training?	✓	---	---	-----
5. Have facility personnel received required training by 5-19-81?	✓	---	---	-----
6. Do new personnel receive required training within six months?	✓	---	---	-----
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	✓	---	---	-----
2. No smoking signs?	✓	---	---	-----
3. Separation and protection from ignition sources?	✓	---	---	-----

*Not Inspected

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

(A) Maintenance and Operation
of Facility:

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

Yes No NI* Remarks

____ ☒ ____

(B) If required, does the facility
have the following equipment:

1. Internal communications or
alarm systems?

☒ ____

2. Telephone or 2-way radios
at the scene of operations?

☒ ____

3. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

☒ ____

Indicate the volume of water and/or foam available for fire control:

city water ; elevated storage tank

(C) Testing and Maintenance of
Emergency Equipment:

1. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

☒ ____

2. Is emergency equipment
maintained in operable
conditions?

☒ ____

(D) Has owner or operator provided
immediate access to internal
alarms? (if needed)

☒ ____

*Not Inspected

(E) Is there adequate aisle space
for unobstructed movement?

✓ _____

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the
following information:

Yes No NI* Remarks

1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)
2. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

✓ _____

✓ _____

✓ _____

✓ _____

✓ _____

*Not Inspected

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>no emergency situation</u>

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING
(Part 265 Subpart E)

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are records of past shipments retained for 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>no major problems</u>

*Not Inspected

(C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73?

✓

2. Does the operating record contain the following information:

**b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?

✓

c. The location and quantity of each hazardous waste within the facility?

✓

***d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

✓

e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

✓

f. Reports detailing all incidents that required implementation of the Contingency Plan?

✓ no incidents

g. All closure and post closure costs as applicable? (Effective 5-19-81)

✓

** See page 33252 of the May 19, 1980, Federal Register.

*** Only applies to disposal facilities

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
(A) Closure and Post Closure				
1. Is the facility closure plan available for inspection by May 19, 1981?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has this plan been submitted to the Regional Administrator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is closure estimate available by May 19, 1981?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Post closure care and use of property				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)				<input checked="" type="checkbox"/> <u>N/A</u>

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

I
USE AND MANAGEMENT OF CONTAINERS

Facility Name: _____ Date of Inspection: _____

	Yes	No	NI*	Remarks
1. Are containers in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers managed to prevent leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ignitable</u>

Yes No NI* Remarks

7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)

✓

8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?

✓

spatial separation for incompatibles

J
TANKS

Facility Name: _____

Date of Inspection: _____

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?

NA

2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?

3. Do continuous feed systems have a waste-feed cutoff?

4. Are waste analyses done before the tanks are used to store a substantially different waste than before?

5. Are required daily and weekly inspections done?

6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)

7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)

*Not Inspected

	Yes	No	NI*	Remarks
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	—	—	N/A	_____
4. Are inspection procedures followed according to 265.403?	—	—	—	_____
5. Are the special requirements fulfilled for ignitable or reactive wastes?	—	—	—	_____
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.)	—	—	—	_____

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristic under 40 CFR §261.2 or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

IX

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

1. MANIFEST REQUIREMENTS

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	✓	—	—	_____
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements)				
1. Manifest document number?	✓	—	—	_____
2. Name, mailing address, telephone number, and EPA ID Number of Generator	✓	—	—	_____

	Yes	No	NI*	Remarks
3. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Does the owner or operator submit exception reports when needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>none needed to date</u>

2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) If required, are placards available to transporters of hazardous waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

Caterpillar at 2700 McDonough Street is part of the complex located at Channahon and Route 6. This facility manufactures hydraulic components and pump parts. No plating occurs at McDonough St according to Ms Corbin.

Waste streams include iron hydroxide and electrolyte, spent Stoddard solvent, and other organics.

During the inspection, this facility appeared in compliance with all appropriate rules and regulations.